



REFUGEE MENTAL HEALTH: SCREENING, REFERRAL, AND NEW PROGRAMS

Amy R. Greensfelder

Refugee Mental Health Program Coordinator

Maryland Department of Health and Mental Hygiene

Prevention and Health Promotion Administration

Office of Immigrant Health



MISSION AND VISION

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Office of Immigrant Health



- **MISSION**

In collaboration with Maryland local health departments and community providers, the Office of Immigrant Health works to:

- Ensure that newly arrived refugees, asylees, and other immigrants in all 24 jurisdictions of the State receive comprehensive health assessments, necessary referrals and follow-up care.
 - Prevent the spread of communicable diseases among and resulting from the arrival of new refugees
 - Protect the public health of Maryland residents.
-
- Refugee Health Programs at each local health department in Maryland at two Federally Qualified Health Centers: Baltimore Medical System, Inc. and Community Clinic, Inc.



REFUGEE MENTAL HEALTH

“Powerful and pervasive stigma prevents people from acknowledging their own mental health problems, much less disclosing them to others.”

Stop Stigma

- Normalize
 - *“Many people who have been through the kinds of experiences you have struggle to cope with the memories”*
- Talk about symptoms (e.g. sleeplessness, sadness, troubling memories) not disorders (e.g. depression, anxiety, PTSD)
- Promote healing/recovery
- Talk about mental health in positive, non-judgmental terms (avoid words like “crazy” or using hand movements to signify mental illness)
- Be open

Refugee Mental Health

- Each year approximately 2200 refugees and asylees from around the globe arrive in Maryland
- Most adapt well to their new surroundings; however, some struggle with coping in their new community
- The Refugee Mental Health Program works with providers and refugees to ensure those who suffer are connected to appropriate care





Refugee Mental Health Program Goals

- Screening
 - Through the Refugee Health Assessment, all new arrivals will be screened for depression, anxiety, and PTSD
- Assessment and Referral
 - Newly arrived refugees who screen positive will be referred for assessment, and if needed referred into on-going mental health care
- Education
 - Newly arrived refugees will participate in adjustment groups. Through these groups they will receive peer support, learn positive coping skills, and be introduced to the American mental health care system



Mental Health Concerns Seen in Refugee Populations

- Depression
- Anxiety
- Post Traumatic Stress Disorder
- Adjustment Disorders
- Schizophrenia, Bipolar Disorder, and other severe and persistent conditions



Strengths of Refugees

- Resiliency
- Hope
- Eagerness to learn/succeed
- Hardworking
- Curiosity
- Faith
- Resourcefulness



Refugee Mental Health 2.0: The Refugee Health Promotion Grant

- New activities
 - Community Listener program
 - Support groups for refugees post 8 months
 - Community level interventions
 - Community Hope Gatherings
- Continuing activities
 - Continue screening/surveillance/referrals
 - Continue adjustment support groups for all new arrivals
 - Continue education efforts



Source: Reuters.Com

SYRIAN REFUGEES

Trauma and Torture

Conflict in Syria

- 2011: Pro-Democracy protests (Arab Spring)
 - Protestors arrested/tortured
- Throughout 2011: Protests continue, turn violent, protestors met with violent crackdown from government
- 2012: Fighting reaches Damascus and Aleppo
- Islamic State and other militia groups take advantage of the unrest (public executions and amputations)
- Murder, torture, rape are used by multiple forces

By the Numbers

- Population of Syria in 2010: 21.5 million (Source: World Bank)
- Number of deaths in the Syrian Civil War: ~191,000 (Source: USA Today)
- Number of individuals displaced from Syria: 3.9 million (Source: United Nations High Commission for Refugees)
 - Great majority have fled to Egypt, Turkey, Iraq, Jordan, Lebanon, Turkey
 - 24,000 are living in North Africa



Mental Health Impact

- High levels of trauma, torture, loss (recent)
- 31% have severe emotional disorders (Source: International Medical Corps)
- “The level of loss and trauma...is far higher than anyone else I’ve ever worked with,” --Annie Sparrow, Assistant Professor of Global Health/Deputy Director of the Human Rights Program at New York’s Mount Sinai Hospital

<https://www.youtube.com/watch?v=xpG3jLGGkvc>



Source: Reuters.Com

CONGOLESE REFUGEES

Sexual and Gender Based Violence

Background

- 18 years of (most recent) armed conflict
 - Brutal colonial history
 - Dictatorship
 - Resources
 - Regional fighting (Rwanda)
- Refugees in resettlement caseload are from North and South Kivu, in Eastern DRC
 - Banyamulenge and Tutsi are dominant ethnic groups in the diverse caseload
 - Young: 55% under 18; 75% under age 25
- Over 470,000 refugees have fled to Uganda, Tanzania, Rwanda, Burundi, and South Africa
- (Source: Center for Applied Linguistics)

Sexual and Gender Based Violence

- High rates of Sexual and Gender Based Violence (SGBV)
 - Result in higher rates of PTSD
- SGBV and mental health are highly stigmatized
- Services in countries of asylum:
 - Gender and reproductive health activities
 - Group discussions
 - Counseling
 - Home visits
- SGBV in countries of asylum (collection of firewood/abusive or coercive relationships/'survival sex')
- Men and boys are also targets for rape/reluctance to report

SGBV Symptoms

- Physical Symptoms
 - Physical injuries resulting from violence
 - Psychosomatic symptoms (headaches, gastrointestinal distress)
- Emotional Symptoms
 - Tearfulness
 - Significant mood swings
 - Dissociation
 - Social Isolation
 - Avoidance
 - Self medication



Sister Angelique Namaika

<https://www.youtube.com/watch?v=8dXAGOO5980>



Source: Pittsburgh Post-Gazette

BHUTANESE NEPALI REFUGEES

Suicide Prevention

Bhutanese Nepali

- 19th century migration of Nepali families into Bhutan (Lhotshampa)
- Maintained language, religion, and culture
- 1950's-1980's: Policies made it increasingly difficult for Lhotshampa to remain in Bhutan
- 1989: Forced departure
- 1989-2007: Refugee camps in Nepal
- 2007-Present: Resettlement





Bhutanese Nepali Resettlement

- Began arriving in the United States in 2007
- Approximately 107,000 lived in refugee camps in Nepal (1989-2007)
- Since 2007: 75,000 have been resettled to the United States (15,000 to other nations, notably Australia and Canada)
- 2,767 Bhutanese refugees have been resettled in Maryland (Sept. 30, 2007-Oct. 1, 2013)



Suicide and Bhutanese Nepali

- Global suicide rate: 16/100,000
- US suicide rate: 12.4/100,000
- Bhutanese Nepali in refugee camps in Nepal:
 - 67 'certified' suicides/64 'uncertified': 2004-2011
 - 53 suicide attempts
- Bhutanese Nepali refugees in the United States:
 - 46 reports of completed suicide between Feb. 2009-Mar. 2015
 - No reliable data on suicide attempts

Refugee Vulnerabilities

- Pre-flight: Torture, victim of/witness of violence
- Flight: Displacement from community/uncertainty
- Post-flight: Rejection by host community, economic instability
- Resettlement: Economic instability, integration, family dynamics/inter-generational conflict

Are you or
someone you love
at risk of suicide?

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org

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Get the facts and take
appropriate action.

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

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आत्माहत्या
रोकथाम

लाइफलाइन

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www.suicidepreventionlifeline.org

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

के तपाईं वा तपाईंले
माया गर्नु भएका
कोही आत्माहत्याको
खतरामा परेका छन्?

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www.suicidepreventionlifeline.org

सत्यलाई पत्ता लगाउनुहोस्
अनि सही कार्रवाई गर्नुहोस्

आत्माहत्या चेताउनीका लक्षणहरू

मानसिक स्वस्थता तालिमप्राप्त व्यक्ति अथवा राष्ट्रिय आत्माहत्या रोकथाम को लाइफलाइन १-८००-२७३-८२५५ मा तुरन्त जतिसक्दो घाँडो सम्पर्क गरी सहयोग लिनुहोस् यदि तपाईं वा तपाईंले चिन्नु हुने जो-कोइको निम्न लिखित लक्षणहरू देखा परे:

- घोट लगाउने वा आफूलाई मार्ने धम्क अथवा घोट लगाउने वा आफूलाई मार्ने चाहने विषयमा झुकाव गर्ने
- बन्दुक, चक्री वा अरु माध्यमको पूर्ण तालास गरी आफूलाई मार्ने उपायहरू खोज्ने
- मृतु, मर्नु वा आत्महत्याका विषयमा लेख्ने वा बोल्ने जब यी कार्यहरू उसका लागि असाधारण देखिन्छन्
- निराशा देखिए
- अति क्रोधित वा रिस थाम्न नसक्ने वा बदला लिने खोज्ने
- किना शोध जोखिमपूर्ण व्यवहारमा सामेल हुने
- अपठ्यारोमा परेको अनुभव गर्ने तकि कुनै उपाय छैन
- माथक र लागु पदार्थको सेवन बढाउने
- साथीहरू, परिवार अनि समाजबाट आफूलाई टाढा राख्ने
- बढ्दो हडबड, आक्रोश वा निद्राउन नसक्ने अथवा निद्राको-निद्राई गर्ने
- नाटकिय रूपमा मनस्थिति बदल्ने
- बौद्धिको कुनै अर्थ नदेखेर वा जीवन उदेश्यहीन भएको अर्थ लिएर



TRAUMA INFORMED CARE

What is trauma informed care?

- “Trauma Informed Care is an organizational structure and treatment framework that involves **understanding**, **recognizing**, and **responding** to the effects of all types of trauma”
- “Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.”

(Source: <http://www.traumainformedcareproject.org/>)



Trauma Informed Care

- Aims to avoid re-victimization
 - Appreciates many problem behaviors began as understandable attempts to cope
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background

RESOURCES



“ शरणार्थी भईं वांच्नु पदां मेरो जीवन कष्टकर थियो । जति कडा परिश्रम गरे तापनि मेरो अवस्थामा सुधार आउन सकेन । विस्तारै मेरो आत्मबल विलीन भयो र मेरो आशा हराउदै गयो । ”

यदि तपाईंले चिनेजानेका कोही शरणार्थी आशाविहीन, अर्थहीन, अथवा एक्लो भएको महशुस गरेमा,

उनीहरु सामु जानुहोस् ।
तपाईंले फरक पार्न सक्नुहुन्छ ।
तपाईंले एउटा जीवन बचाउन सक्नुहुनेछ ।

यदि तपाईंले धेरै धेरै आशा भन्ने व्यक्ति आत्मघातक कदम वा आत्मघातक विचारको छ भने, तिनको जीवनले फरक र सकारण गर्ने दिन उपलब्ध हुने, तल्लोप भाग्यवशात् सकारण नष्टकरणबाट बच्न सक्ने गर्नुहुनेछ ।

1-800-273-8255

शरणार्थी आशा भोजन उपकरणको शरणार्थीहरूको लागि विशेषता सम्पर्क गर्न तालिम प्राप्त सेवाप्राप्त प्रयोग गर्नुहुने विद्यार्थीहरू ।
गोप्य आत्मघातक रोकथाम, निदान र सुधारको विकल्पको कोर्समा धेरै जानकारी प्राप्त गर्न सकिन्छ ।

www.refugehealth.org/suicideprevention मा हेर्नुहोस् ।

Produced by the Refugee Health Technical Assistance Center (RHTAC). RHTAC is funded by the Office of Refugee Resettlement (ORR) of the U.S. Department of Health and Human Services (Grant No. 90R00042).

Crisis Situations

- Crisis Centers and 911 call centers are staffed with professionals who are trained in triage and determining if a situation is in fact an emergency
- If a patient is in immediate danger of harming self or others, call 911
- The Suicide Prevention Lifeline is available 24/7, and has access to interpretation: 1-800-273-8255; this call center will route you to the nearest Crisis Center
- Call a crisis center if...
 - You believe the patient is a danger to self or others;
 - The patient has expressed a desire to harm self;
 - You do not feel comfortable sending the patient home in current state.

Resource Lists

- Intercultural Counseling Connection's Resource List

<http://www.interculturalcounseling.org/professional-resources>

- Refugee Health Technical Assistance Center Suicide Prevention Toolkit

<http://refugeehealthta.org/physical-mental-health/mental-health/suicide/suicide-prevention-toolkit/>

- Pathways to Wellness Refugee Mental Health Bibliography

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Please stay in touch!

Amy Greensfelder

Refugee Mental Health Program Coordinator

Department of Health and Mental Hygiene

Office of Immigrant Health

500 N. Calvert St.

Baltimore MD 21218

410-767-1850

Amy.Greensfelder@Maryland.Gov